## Case 16-31356 Doc 1 Filed 09/30/16 Entered 09/30/16 16:55:00 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Trayhanda First name  S Middle name  Starling Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or  |  |   |
|     | maiden names.  |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-8485  |   |

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Case number (if known)

Debtor 1 Trayhanda S Starling

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|---|---|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |
|    |   | EINs  | EINs   |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |
|    |   | 611 Case PI, Apt 2A Evanston, IL 60202 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |
|    |   | Cook<br>County  | County   |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|    |   |   |  |  |  |

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Document Case number (if known) Debtor 1 Trayhanda S Starling

| •ar | t 2: Tell the Court About   | Your Bar   | nkruptcy Ca          | ase  |  |                    |                           |                               |
|-----|---|--|----------------------|--|--|--------------------|---------------------------|-------------------------------|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  □ Chapter 7 |                      |  |  |                    |                           |                               |
|     | choosing to file under  |  |                      |  |  |                    |                           |                               |
|     | ☐ Chapter 11  |  |                      |  |  |                    |                           |                               |
|     |   | ☐ Cha  | pter 12              |  |  |                    |                           |                               |
|     |   | ■ Cha  | pter 13              |  |  |                    |                           |                               |
|     |   |  |                      |  |  |                    |                           |                               |
| 3.  | How you will pay the fee  | _<br>a   | bout how yo          | by the entire fee when I file my petition. Please check with the clerk's office in your local court for more do<br>by you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or m<br>your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check<br>inted address. |  |                    |                           |                               |
|     |   |  |                      |  | ments. If you choose<br>Official Form 103A). | e this option, sig | n and attach the Applica  | ation for Individuals to Pay  |
|     |   |  |                      |  |  |                    |                           | oter 7. By law, a judge may,  |
|     |   | а  | pplies to you        | not required to, waive your fee, and may do so only if your income is less than 150% of the office<br>to your family size and you are unable to pay the fee in installments). If you choose this option<br>plication to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your peti   |  |                    |                           | his option, you must fill out |
|     |   | u  | <i>не Арріісаці</i>  | on to have the Cha   | ipler 7 Filling Fee vva                      | rved (Official Fo  | onn 1036) and nie it with | your pennon.                  |
| €.  | Have you filed for bankruptcy within the last 8 years?  | □ No. ■ Yes.   |                      |  |  |                    |                           |                               |
|     | iast o years:   | ■ Yes.   |                      | ilables  | When   | 2/24/44            | Casa numbar               | 14 10040                      |
|     |   |  | District             | ilnbke   | When   | 3/21/14            |                           | 14-10249                      |
|     |   |  | District<br>District |  | When   |                    | Case number Case number   |                               |
|     |   |  | District             |  | WHEH   | -                  | Case Hullibel             |                               |
| 10. | Are any bankruptcy cases pending or being   | ■ No   |                      |  |  |                    |                           |                               |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.   |                      |  |  |                    |                           |                               |
|     |   |  | Debtor               |  |  |                    | Relationship to y         | ou                            |
|     |   |  | District             |  | When   |                    | Case number, if           | known                         |
|     |   |  | Debtor               |  |  |                    | Relationship to y         | rou                           |
|     |   |  | District             |  | When   |                    | Case number, if           | known                         |
| 11. | Do you rent your  | ■ No.  | Go to I              | ine 12.  |  |                    |                           |                               |
|     | residence?  | ☐ Yes.   | Has yo               | our landlord obtaine   | ed an eviction judgme                        | ent against you    | and do you want to stay   | in your residence?            |
|     |   |  |                      | No. Go to line 12.   | · ·  | -                  | ·                         |                               |
|     |   |  |                      | Yes. Fill out <i>Initia</i> bankruptcy petitic   |  | Eviction Judgn     | nent Against You (Form    | 101A) and file it with this   |
|     |   |  |                      |  |  |                    |                           |                               |

Document Page 4 of 50 Case number (if known) Debtor 1 Trayhanda S Starling Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

■ No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Trayhanda S Starling

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 50 Case number (if known) Debtor 1 Trayhanda S Starling Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Trayhanda S Starling Signature of Debtor 2 Trayhanda S Starling

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on September 30, 2016

MM / DD / YYYY

Debtor 1 Trayhanda S Starling Document Page 7 of 50 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

|   | G. Stahulak<br>Attorney for Debtor       | Date          | September 30, 2016<br>MM / DD / YYYY |  |  |  |  |
|---|--|---------------|--------------------------------------|--|--|--|--|
| Thomas G.   | Stahulak                                 |               |                                      |  |  |  |  |
| Stahulak & Firm name                                | Stahulak & Associates, L.L.C. / GetFiled |               |                                      |  |  |  |  |
| 53 W. Jackson Blvd., Suite 652<br>Chicago, IL 60604 |  |               |                                      |  |  |  |  |
| Contact phone                                       | City, State & ZIP Code                   | Email address | ecf@stahulakandassociates.com        |  |  |  |  |
| 6288620   | ate                                      |               |                                      |  |  |  |  |

|                     |                          | Docume             | ent Page 8 of 5 | <u>,O</u> |                                      |
|---------------------|--------------------------|--------------------|-----------------|-----------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:              |                 |           |                                      |
| Debtor 1            | Trayhanda S Starl        | ing<br>Middle Name | Last Name       |           |                                      |
| Debtor 2            |                          |                    |                 |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name       |           |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT  | OF ILLINOIS     |           |                                      |
| Case number         |                          |                    |                 |           | ☐ Check if this is an amended filing |
|                     |                          |                    |                 |           |                                      |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as<br>Value o | ssets<br>f what you own |
|-----|--|--------------------|-------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$                 | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 8,320.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 8,320.00                |
| Pai | t 2: Summarize Your Liabilities  |                    |                         |
|     |  |                    | abilities<br>: you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 9,960.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                 | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 10,657.00               |
|     | Your total liabilities   | \$                 | 20,617.00               |
| Paı | t 3: Summarize Your Income and Expenses  |                    |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 1,758.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 1,282.00                |
| Paı | Answer These Questions for Administrative and Statistical Records  |                    |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch       | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |                    |                         |
| -   |  |                    |                         |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

1,808.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot | al claim |
|--|-----|----------|
| From Part 4 on Schedule E/F, copy the following:   |     |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$  | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$  | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$  | 3,942.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$  | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  | 3,942.00 |

|  |  |                                      | Document   | Page 10 of 50  |  |  |
|--|--|--------------------------------------|--|--|--|--|
| Fill in this                                 | information to ider  | ntify your case                      | and this filing:   |  |  |  |
| Debtor 1                                     | Trayband   | la S Starling                        |  |  |  |  |
| DODIOI 1                                     | First Name   | ia o otariirig                       | Middle Name  | Last Name  |  |  |
| Debtor 2                                     |  |                                      |  |  |  |  |
| (Spouse, if filin                            | g) First Name  |                                      | Middle Name  | Last Name  |  |  |
| United Stat                                  | tes Bankruptcy Cour  | t for the: NOR                       | RTHERN DISTRICT OF ILL   | INOIS  |  |  |
|  | , ,  | -                                    |  |  |  |  |
| Case numb                                    | oer  |                                      |  | _  |  | ☐ Check if this is an  |
|  |  |                                      |  |  |  | amended filing   |
|  |  |                                      |  |  |  |  |
| Official                                     | Form 106 <i>A</i>  | \/R                                  |  |  |  |  |
|  |  |                                      |  |  |  |  |
| Sched  | dule A/B:  | Propert                              | ty   |  |  | 12/15  |
| hink it fits b<br>nformation.<br>Answer ever | est. Be as complete if more space is need y question.  | and accurate as placed, attach a sep | possible. If two married peop<br>arate sheet to this form. On th | le are filing together, both ar<br>he top of any additional page | ne category, list the asset in the equally responsible for suppers, write your name and case i | plying correct   |
| Part 1: Des                                  | scribe Each Residenc   | e, Building, Land                    | d, or Other Real Estate You O                                    | wn or Have an Interest In  |  |  |
| l. Do you ov                                 | wn or have any legal o   | or equitable inter                   | est in any residence, building                                   | , land, or similar property?                                     |  |  |
| _  |  |                                      |  |  |  |  |
| No. Go                                       | to Part 2.   |                                      |  |  |  |  |
| ☐ Yes. W                                     | Where is the property?   |                                      |  |  |  |  |
| Part 2: Des                                  | scribe Your Vehicles   |                                      |  |  |  |  |
| Tart 2. Des                                  | scribe rour venicles   |                                      |  |  |  |  |
|  | •  | •                                    | o report it on Schedule G: E                                     | xecutory Contracts and Or  | <i>техрітей Leases</i> .   |  |
| 3.1 Make                                     | <sub>e:</sub> Saturn   |                                      | Who has an interest in t   | ne property? Check one   | Do not deduct secured clair  |  |
| Mode   | Auro   | <del></del>                          | ■ Debtor 1 only  | to proporty chock one  | the amount of any secured<br>Creditors Who Have Claims   |  |
| Year   |  |                                      | Debtor 2 only  |  |  |  |
|  | oximate mileage:   | 139,000                              | Debtor 1 and Debtor 2  | only   | Current value of the<br>entire property?   | Current value of the portion you own?                          |
|  | r information:   | ,                                    | ☐ At least one of the deb  |  |  | ,,   |
|  |  |                                      | — / ti lodot ono or the des                                      | toro ana anomor  |  |  |
|  |  |                                      | ☐ Check if this is comn  | nunity property  | \$5,300.00   | \$5,300.00   |
|  |  |                                      | (see instructions)   |  |  |  |
| Examples  No  Yes  S Add the pages y         | s: Boats, trailers, mo<br>e dollar value of the<br>you have attached f<br>scribe Your Personal | e portion you of for Part 2. Write   | wn for all of your entries to that number here                   | nowmobiles, motorcycle ac  | v entries for  | \$5,300.00   |
|  |  |                                      |  |  | Do   | ortion you own?<br>o not deduct secured<br>aims or exemptions. |
| خ. Househo                                   | old goods and furn   | iishings                             |  |  |  |  |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

|                 | Case 16-31356  | Doc 1          | Filed 09/30/16<br>Document | Entered 09/30/16 16:55:00<br>Page 11 of 50<br>Case number (if known) | Desc Main   |
|-----------------|--|----------------|----------------------------|--|---|
| Debtor 1        | Trayhanda S Starling   |                |                            | Case number (if known)   |   |
| Yes.            | Describe   |                |                            |  |   |
|                 | Used pe  | ersonal hou    | sehold goods/items a       | nd furniture   | \$1,200.00  |
| ■ No            |  |                |                            | oment; computers, printers, scanners; music o                        | collections; electronic devices   |
| Example<br>■ No | bles of value es: Antiques and figurines; other collections, memo                            |                |                            | oks, pictures, or other art objects; stamp, coin                     | , or baseball card collections;   |
| Example<br>■ No | ent for sports and hobbie<br>es: Sports, photographic, es<br>musical instruments<br>Describe |                | other hobby equipment;     | bicycles, pool tables, golf clubs, skis; canoes                      | and kayaks; carpentry tools;  |
| ■ No            | ns  les: Pistols, rifles, shotguns  Describe   | s, ammunitior  | n, and related equipmen    | t  |   |
| □ No            | s  bles: Everyday clothes, furs,  Describe   | , leather coat | s, designer wear, shoes    | , accessories  |   |
|                 | Used pe  | ersonal cloth  | ning and accessories       |  | \$1,500.00  |
| ■ No            |  | ume jewelry,   | engagement rings, wed      | ding rings, heirloom jewelry, watches, gems,                         | gold, silver  |
| ■ No            | oles: Dogs, cats, birds, hors  | es             |                            |  |   |
| 14. Any otl     | Describe her personal and househousehousehousehousehousehousehouse                           |                | u did not already list, i  | ncluding any health aids you did not list                            |   |
|                 | he dollar value of all of yo<br>art 3. Write that number ho                                  |                |                            | ny entries for pages you have attached                               | \$2,700.00  |
|                 | scribe Your Financial Assets   |                |                            |  |   |
| Do you ow       | n or have any legal or eq  | uitable inter  | est in any of the follow   | ring?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No            | oles: Money you have in you  |                |                            | osit box, and on hand when you file your petit                       | ion   |

Case 16-31356 Doc 1 Filed 09/30/16 Entered 09/30/16 16:55:00 Desc Main Document Page 12 of 50 Case number (if known) Debtor 1 Trayhanda S Starling Cash on hand \$20.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Wells Fargo Bank \$300.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Nο ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

## 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

#### 27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

| Debtor 1            |  | 09/30/16<br>ument | Entered 09/30/16 16:55:00 Page 13 of 50 Case number (if known) | Desc Main   |
|---------------------|--|-------------------|--|---|
| ☐ Yes.              | Give specific information about them   |                   |  |   |
| Money or            | property owed to you?  |                   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                | funds owed to you  Give specific information about them, including who   | ether you alre    | ady filed the returns and the tax years                        |   |
| ■ No                | v support ples: Past due or lump sum alimony, spousal suppo  | ort, child supp   | ort, maintenance, divorce settlement, property                 | settlement  |
| Exam                | amounts someone owes you  ples: Unpaid wages, disability insurance payments, benefits; unpaid loans you made to someone  Give specific information   |                   | efits, sick pay, vacation pay, workers' comper                 | nsation, Social Security  |
| Exam<br>■ No        | sts in insurance policies  ples: Health, disability, or life insurance; health savi  Name the insurance company of each policy and li  Company name: |                   | HSA); credit, homeowner's, or renter's insuran Beneficiary:    | Surrender or refund<br>value:   |
| If you some         | terest in property that is due you from someone are the beneficiary of a living trust, expect proceeds one has died.  Give specific information      |                   |  | eive property because   |
| Exam<br>■ No        | s against third parties, whether or not you have ples: Accidents, employment disputes, insurance cl  Describe each claim                             |                   |  |   |
| ■ No                | contingent and unliquidated claims of every nat  Describe each claim   | ure, includin     | g counterclaims of the debtor and rights to                    | set off claims  |
| 35. <b>Any fi</b> i | nancial assets you did not already list  |                   |  |   |
|                     | Give specific information  |                   |  |   |
|                     | the dollar value of all of your entries from Part 4 art 4. Write that number here  |                   |  | \$320.00  |
| Part 5: De          | escribe Any Business-Related Property You Own or Ha  | ve an Interest    | In. List any real estate in Part 1.                            |   |
|                     | own or have any legal or equitable interest in any busi<br>o to Part 6.  | ness-related p    | roperty?   |   |

Official Form 106A/B Schedule A/B: Property page 4

 $\square$  Yes. Go to line 38.

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Case number (if known) Document Debtor 1 Trayhanda S Starling Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$5,300,00 57. Part 3: Total personal and household items, line 15 \$2,700.00 Part 4: Total financial assets, line 36 58. \$320.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$8,320.00 Copy personal property total \$8,320.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8,320.00

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Trayhanda S Starl        | ing               |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 2007 Saturn Aura 139,000 miles Line from Schedule A/B: 3.1                             | \$5,300.00                           |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Line from Goriedale 772. G. 1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used personal household goods/items and furniture                                      | \$1,200.00                           |     | \$1,200.00  | 735 ILCS 5/12-1001(b)              |
| Line from <i>Schedule A/B</i> : 6.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used personal clothing and accessories Line from Schedule A/B: 11.1                    |                                      |     | \$1,500.00  | 735 ILCS 5/12-1001(a)              |
| Line from Goriedate 772. TTT   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash on hand Line from Schedule A/B: 16.1  | \$20.00                              |     | \$20.00   | 735 ILCS 5/12-1001(b)              |
| Line from Goriedale PAB. 10.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Wells Fargo Bank Line from Schedule A/B: 17.1                                | \$300.00                             |     | \$300.00  | 735 ILCS 5/12-1001(b)              |
| Line from Generalic PVD. 17.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 Trayhanda S Starling

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Casa 16-31356 Filed 00/20/16 Entered 00/20/16 16:55:00 Docc Main

| Trayhanda S Si<br>First Name<br>First Name<br>ruptcy Court for the | tarling  Middle Name  Last Na  Middle Name  Last Na  |  |   |  |
|--|--|--|---|--|
| First Name   | Middle Name Last Na  Middle Name Last Na   |  |   |  |
| First Name   | Middle Name Last Na  Middle Name Last Na   |  |   |  |
|  |  | nme  |   |  |
|  |  | ame  |   |  |
| ruptcy Court for the   | e: NORTHERN DISTRICT OF ILLINOIS   |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  | ☐ Check   | if this is an  |
|  |  |  | ameno   | ded filing   |
| 106D   |  |  |   |  |
|  | a Mha Harra Claima Caar  | ad by Duamant  |   |  |
| : Creditor   | s Who Have Claims Secu   | area by Propert  | <u>y</u>  | 12/15  |
|  | . If two married people are filing together, both  |  |   |  |
| aditional Page, fill i   | t out, number the entries, and attach it to this fo  | orm. On the top of any additio   | nai pages, write your na  | me and case  |
| ve claims secured  | by your property?  |  |   |  |
| is box and submit  | this form to the court with your other schedu  | les. You have nothing else t   | o report on this form.  |  |
| I of the information   | n below.   |  |   |  |
| Secured Claims   |  |  |   |  |
|  | s more than one secured claim, list the creditor sep   | Column A   | Column B  | Column C   |
| e than one creditor ha   | as a particular claim, list the other creditors in Part stical order according to the creditor's name. |  | Value of collateral that supports this claim  | Unsecured portion If any   |
| ice Corp   | Describe the property that secures the claim   |  | \$5,300.00  | \$0.00   |
|  | 2007 Saturn Aura 139,000 miles   |  |   |  |
|  |  |  |   |  |
| 008  | As of the date you file, the claim is: Check all   | that   |   |  |
| 016  | apply.  Contingent   |  |   |  |
| ty, State & Zip Code   | ☐ Unliquidated   |  |   |  |
|  | ☐ Disputed   |  |   |  |
| ? Check one.   | Nature of lien. Check all that apply.  |  |   |  |
|  | ☐ An agreement you made (such as mortgage  | e or secured   |   |  |
|  | car loan)  |  |   |  |
| or 2 only  | ☐ Statutory lien (such as tax lien, mechanic's   | lien)  |   |  |
| debtors and another  | ☐ Judgment lien from a lawsuit   | ,  |   |  |
| n relates to a   | Other (including a right to offset)  Purch   | ase Money Security   |   |  |
| Opened   |  |  |   |  |
|  |  |  |   |  |
| Active   |  |  |   |  |
| ed 5/14/16   | Last 4 digits of account number 1  | 001  |   |  |
| n  | Opened 11/14 Last Active d 5/14/16   | Dystal and another relates to a    Opened 11/14 Last Active d 5/14/16    Last 4 digits of account number 1 | Opened 11/14 Last Active d 5/14/16  Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security  Purchase Money Security | ebtors and another relates to a  □ Judgment lien from a lawsuit □ Other (including a right to offset)  □ Purchase Money Security  □ Opened 11/14 Last Active |

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$9,960.00 \$9,960.00

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                    |  |   | Doc  | ument                        | Page 1                      | 8 of 50                |  |   |
|------------------------------------|--|---|--|------------------------------|-----------------------------|------------------------|--|---|
| Fill in t                          | his informa                                      | tion to identify your o                           | ase:   |                              |                             |                        |  |   |
| Debtor                             | 1  | Trayhanda S Starlir                               | าต   |                              |                             |                        |  |   |
|                                    |  | First Name  | Middle Name                                    |                              | Last Name                   |                        |  |   |
| Debtor                             |  | First Name  | Middle News                                    |                              | Last Name                   |                        |  |   |
| (Spouse in                         | f, filing)                                       | First Name  | Middle Name                                    |                              | Last Name                   |                        |  |   |
| United                             | States Bank                                      | ruptcy Court for the:                             | NORTHERN DIS                                   | TRICT OF II                  | LLINOIS                     |                        |  |   |
| Case n                             | umher  |   |  |                              |                             |                        |  |   |
| (if known)                         |  |   |  |                              |                             |                        | _ c  | heck if this is an                          |
|                                    |  |   |  |                              |                             |                        | aı   | mended filing                               |
| Ott: -:-                           | al Fama  | 400E/E  |  |                              |                             |                        |  |   |
|                                    | al Form  |   | ha Hayra Ha                                    |                              | l Claima                    |                        |  | 40/45                                       |
|                                    |  | -: Creditors W                                    |  |                              |                             |                        | s with NONPRIORITY clair   | 12/15                                       |
| Schedule<br>Schedule<br>left. Atta | e G: Executor<br>e D: Creditors<br>ch the Contir | ry Contracts and Unexpi<br>s Who Have Claims Secu | red Leases (Official<br>ired by Property. If n | Form 106G).<br>nore space is | Do not include needed, copy | any creditors with     | edule A/B: Property (Offician<br>h partially secured claims<br>h, fill it out, number the ent<br>rt. On the top of any addit | that are listed in ries in the boxes on the |
| Part 1:                            | List All o                                       | of Your PRIORITY Un                               | secured Claims                                 |                              |                             |                        |  |   |
| 1. Do a                            | any creditors                                    | have priority unsecured                           | l claims against you                           | ?                            |                             |                        |  |   |
|                                    | No. Go to Part                                   | t 2.  |  |                              |                             |                        |  |   |
|                                    | Yes.   |   |  |                              |                             |                        |  |   |
| Part 2:                            | List All   | of Your NONPRIORIT                                | Y Unsecured Clair                              | ns                           |                             |                        |  |   |
| 3. Do a                            | any creditors                                    | have nonpriority unsec                            | ured claims against                            | you?                         |                             |                        |  |   |
|                                    | No. You have                                     | nothing to report in this pa                      | art. Submit this form to                       | the court with               | h your other sch            | edules.                |  |   |
|                                    | Yes.   |   |  |                              |                             |                        |  |   |
|                                    |  | annriarity unacqured ala                          | ima in the alphabeti                           | nal arder of t               | ho oroditor who             | s halds asah alain     | n. If a creditor has more than   |   |
| unse                               | ecured claim,<br>n one creditor                  | list the creditor separately                      | for each claim. For each                       | ach claim liste              | ed, identify what t         | type of claim it is. D | on not list claims already incl<br>insecured claims fill out the   | luded in Part 1. If more                    |
|                                    |  |   |  |                              |                             |                        |  | Total claim                                 |
| 4.1                                | A/r Conce  | pts   | Last   | 4 digits of ac               | count number                | 8507                   |  | \$100.00                                    |
|                                    | Nonpriority C                                    | reditor's Name                                    |  | _                            |                             |                        | _  | •   |
|                                    | 18-3 E Du  |   | Wher   | was the del                  | ot incurred?                |                        |  |   |
|                                    |  | n, IL 60010<br>et City State Zlp Code             | As of  | the date you                 | ı file, the claim           | is: Check all that a   | pply   |   |
|                                    | Who incurre                                      | ed the debt? Check one.                           |  | -                            |                             |                        | ,  |   |
|                                    | Debtor 1   | only  | □с   | ontingent                    |                             |                        |  |   |
|                                    | Debtor 2   | only  |  | nliquidated                  |                             |                        |  |   |
|                                    | Debtor 1   | and Debtor 2 only                                 | ☐ Di   | sputed                       |                             |                        |  |   |
|                                    |  | ne of the debtors and ano                         | _  | •                            | RITY unsecure               | d claim:               |  |   |
|                                    | ☐ Check if                                       | this claim is for a comm                          | nunity 🔲 St                                    | udent loans                  |                             |                        |  |   |
|                                    | debt   |   | □ o  |                              |                             | aration agreement      | or divorce that you did not  |   |
|                                    | _  | subject to offset?                                |  | as priority cla              |                             |                        |  |   |
|                                    | ■ No   |   |  | •                            | •                           | ng plans, and other    | similar debts  |   |
|                                    | ☐ Yes  |   | <b>■</b> O:                                    | her. Specify                 | 04 Municipa                 | ality Niles II         |  |   |
|                                    |  |   |  |                              |                             |                        |  |   |

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| Debtor | Trayhanda S Starling                                     |                                      | Case number (if know)                        |            |
|--------|--|--------------------------------------|--|------------|
| 4.2    | Americash  | Last 4 digits of account number      |  | \$1,600.00 |
|        | Nonpriority Creditor's Name                              |                                      |  | * /        |
|        | 880 Lee Street   | When was the debt incurred?          |  |            |
|        | Des Plaines, IL 60016  Number Street City State Zlp Code | As of the date you file, the claim i | ISL Chook all that apply                     |            |
|        | Who incurred the debt? Check one.                        | As of the date you file, the claim   | s: Check all that apply                      |            |
|        |  | _                                    |  |            |
|        | Debtor 1 only  | ☐ Contingent                         |  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated                       |  |            |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                           |  |            |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured        | d claim:                                     |            |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans                      |  |            |
|        | debt   | ☐ Obligations arising out of a sepa  | ration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?                          | report as priority claims            | -  |            |
|        | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |
|        | Yes  | ■ Other. Specify Payday Loa          | n  |            |
| 4.3    | City of Chicago  | Last 4 digits of account number      |  | \$3,246.00 |
| 1.0    | Nonpriority Creditor's Name                              |                                      |  | ψ3,240.00  |
|        | Department of Revenue                                    | When was the debt incurred?          |  |            |
|        | PO BOX 88292   |                                      |  |            |
|        | Chicago, IL 60680  | _                                    |  |            |
|        | Number Street City State Zlp Code                        | As of the date you file, the claim i | is: Check all that apply                     |            |
|        | Who incurred the debt? Check one.                        |                                      |  |            |
|        | Debtor 1 only  | ☐ Contingent                         |  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated                       |  |            |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                           |  |            |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured        | d claim:                                     |            |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans                      |  |            |
|        | debt   | ☐ Obligations arising out of a sepa  | ration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?                          | report as priority claims            | nation agreement of alveree that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |
|        | Yes  | ■ Other. Specify Parking Tick        | kets   |            |
|        |  |                                      |  |            |
| 4.4    | Dept Of Ed/Navient                                       | Last 4 digits of account number      | 0227   | \$1,684.00 |
|        | Nonpriority Creditor's Name<br>Attn: Claims Dept         |                                      | Opened 02/09 Last Active                     |            |
|        | Po Box 9400  | When was the debt incurred?          | 8/31/16                                      |            |
|        | Wilkes Barr, PA 18773                                    | When was the dest mounted.           | 0/31/10                                      |            |
|        | Number Street City State ZIp Code                        | As of the date you file, the claim i | is: Check all that apply                     |            |
|        | Who incurred the debt? Check one.                        | •                                    | 11,7   |            |
|        | ■ Debtor 1 only  | ☐ Contingent                         |  |            |
|        | Debtor 2 only  | ☐ Unliquidated                       |  |            |
|        | Debtor 1 and Debtor 2 only                               | ☐ Disputed                           |  |            |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured        | d claim:                                     |            |
|        |  | ■ Student loans                      |  |            |
|        | ☐ Check if this claim is for a community debt            | _                                    | ration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?                          | report as priority claims            | nation agreement or divorce that you did not |            |
|        | No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |
|        | □Yes   | ☐ Other. Specify                     |  |            |
|        |  | Educational                          |  |            |

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Debtor 1 Trayhanda S Starling Case number (if know) 4.5 \$1,481.00 Dept Of Ed/Sallie Mae Last 4 digits of account number 0227 Nonpriority Creditor's Name Opened 2/01/09 Last Active 11100 Usa Pkwy When was the debt incurred? 2/28/14 Fishers, IN 46037 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.6 **ERC/Enhanced Recovery Corp** Last 4 digits of account number 2490 \$1,469.00 Nonpriority Creditor's Name 8014 Bayberry Rd When was the debt incurred? Opened 06/16 Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney At T ☐ Yes 4.7 Last 4 digits of account number \$300.00 Illinois tollway Nonpriority Creditor's Name When was the debt incurred? Attn: Legal Dept 2700 Ogden Ave Downers Grove, IL 60515 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Tollway Fees

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Case number (if know)

| Debtor 1            | Trayhanda  | a S Starling                             |  | Case n          | umber (if know)  |                           |
|---------------------|--|--|--|-----------------|--|---------------------------|
|                     | Metaglssl/Metagl | oney Power                               | Last 4 digits of account numbe   | r <u>9899</u>   |  | \$777.00                  |
|                     | Jackson Hev<br>Po Box 7140   | witt I Power Card                        | When was the debt incurred?  | Open-<br>2/01/1 | ed 2/01/09 Last Active                                     | -                         |
| 1                   | Number Street (  | City State ZIp Code the debt? Check one. | As of the date you file, the clair   | n is: Check     | all that apply   |                           |
|                     | ■ Debtor 1 onl   | ly                                       | ☐ Contingent   |                 |  |                           |
| ı                   | Debtor 2 onl   | lv                                       | ☐ Unliquidated   |                 |  |                           |
|                     |  | d Debtor 2 only                          | ☐ Disputed   |                 |  |                           |
|                     | _  | of the debtors and another               | Type of NONPRIORITY unsecu   | red claim:      |  |                           |
|                     |  | is claim is for a community              | Student loans  |                 |  |                           |
| •                   | debt   | bject to offset?                         | ☐ Obligations arising out of a se report as priority claims  | paration agr    | reement or divorce that you did not                        |                           |
|                     | ■ No   | •  | Debts to pension or profit-sha   | ring plans, a   | and other similar debts                                    |                           |
|                     | ■ No<br>□ Yes  |  |  | g p.ao, o       | and out of chimal doors                                    |                           |
|                     | ⊔ Yes  |  | ☐ Other. Specify<br>Education  | al              |  | -                         |
|                     |  |  |  | aı              |  |                           |
| Part 3:             |  | s to Be Notified About a Del             | •  |                 |  |                           |
| is trying<br>have m | g to collect fro   | om you for a debt you owe to so          | bout your bankruptcy, for a debt tha<br>meone else, list the original creditor<br>t you listed in Parts 1 or 2, list the ad<br>r submit this page. | in Parts 1      | or 2, then list the collection agend                       | y here. Similarly, if you |
| Name and            | d Address  |  | On which entry in Part 1 or Part 2 did yo  | ou list the or  | riginal creditor?  |                           |
| AmeriC              |  |  | Line <u>4.2</u> of ( <i>Check one</i> ):   | ☐ Part 1: C     | Creditors with Priority Unsecured Cla                      | ims                       |
| C/o Pay             | ment Proce   | essing                                   |  | Part 2: 0       | Creditors with Nonpriority Unsecured                       | Claims                    |
|                     | aines, IL 600  | )16                                      |  |                 |  |                           |
|                     | ,  |  | Last 4 digits of account number  |                 |  |                           |
| Name and            | d Address<br>Scott Harris  |  | On which entry in Part 1 or Part 2 did you   |                 | riginal creditor?<br>Creditors with Priority Unsecured Cla | ims                       |
| 111 W .             | Jackson Ste  |  |  |                 | Creditors with Nonpriority Unsecured                       |                           |
| Chicago             | o, IL 60604  |  | Last 4 digits of account number  | — T alt 2. C    | orealists with Nonphority enacedired                       | Cidims                    |
| Name and            | d Address  |  | On which entry in Part 1 or Part 2 did yo  | ou list the or  | riginal creditor?  |                           |
| AT&T N              | Nobility II LL   | С  |  |                 | Creditors with Priority Unsecured Cla                      | ims                       |
|                     | RT Services,   |  |  | Part 2: 0       | Creditors with Nonpriority Unsecured                       | Claims                    |
|                     | T&T Way, Ro<br>ster, NJ 079  |  |  |                 |  |                           |
| Dearmin             | ister, IND O7 a  |  | Last 4 digits of account number  |                 |  |                           |
| Name and            | d Address  |  | On which entry in Part 1 or Part 2 did yo  | ou list the or  | riginal creditor?  |                           |
|                     | ry of State  |  |  |                 | Creditors with Priority Unsecured Cla                      | ims                       |
|                     | ance Dept  |  |  | Part 2: 0       | Creditors with Nonpriority Unsecured                       | Claims                    |
|                     | Dirksen Pkv<br>ield, IL 6272   |  |  |                 |  |                           |
| Opinign             | iciu, iL 0212  |  | Last 4 digits of account number  |                 |  |                           |
|                     |  |  |  |                 |  |                           |
| Part 4:             |  | mounts for Each Type of Ur               |  |                 |  |                           |
|                     | unsecured cla  |  | ms. This information is for statistica   | reporting       | purposes only. 26 U.S.C. §159. Ac                          | d the amounts for each    |
|                     |  |  |  |                 | Total Claim  |                           |
|                     | 6a.  | Domestic support obligations             | i  | 6a.             | \$0.00   | <u> </u>                  |
| To<br>clai          | otal   |  |  |                 |  |                           |
| from Pa             |  | Taxes and certain other debts            | s you owe the government   | 6b.             | \$ 0.00  |                           |
|                     | 6c.  | Claims for death or personal             | injury while you were intoxicated  | 6c.             | \$ 0.00  |                           |
|                     | 6d.  | Other. Add all other priority uns        | ecured claims. Write that amount here.   | 6d.             | \$ 0.00  | <u>-</u>                  |
|                     |  |  |  |                 |  |                           |
|                     | 6e.  | Total Priority. Add lines 6a thro        | ough 6d.   | 6e.             | \$ 0.00  |                           |

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Debtor 1 Trayhanda S Starling

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6f. | Student loans   | 6f. | \$<br>3,942.00  |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>6,715.00  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>10,657.00 |

|                     |                          | 17(7(4)))))       |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Trayhanda S Starl        | ing               |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Numbe | whom you have the<br>r, Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | _                                       |
|     | Number    | Street                        |   |                   |   |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
| 2.2 |           |                               |   |                   |   |
|     | Name      |                               |   |                   |   |
|     | Number    | Street                        |   |                   | _                                       |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
| 2.3 | City      |                               | State   | Zii Code          |   |
|     | Name      |                               |   |                   |   |
|     |           |                               |   |                   |   |
|     | Number    | Street                        |   |                   |   |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
| 2.4 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | _                                       |
|     |           |                               |   |                   |   |
|     | Number    | Street                        |   |                   |   |
|     | City      |                               | State   | ZIP Code          | <u> </u>                                |
| 2.5 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | _                                       |
|     |           |                               |   |                   |   |
|     | Number    | Street                        |   |                   |   |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
|     |           |                               |   |                   | ·                                       |

|                          |  | Docume   | ent Page 24 d              | of 50  |                             |
|--------------------------|--|--|----------------------------|--|-----------------------------|
| Fill in thi              | s information to identify your                                       | case:  |                            |  |                             |
|                          |  |  |                            |  |                             |
| Debtor 1                 | Trayhanda S Star   | Middle Name  | Last Name                  |  |                             |
| Debtor 2                 |  |  |                            |  |                             |
| (Spouse if, f            | iling) First Name  | Middle Name  | Last Name                  |  |                             |
| United St                | ates Bankruptcy Court for the:                                       | NORTHERN DISTRICT                                    | OF ILLINOIS                |  |                             |
| Ormod Or                 | acco Barmapto, Court for the.  |  |                            |  |                             |
| Case nur                 | mber   |  |                            |  |                             |
| (if known)               |  |  |                            | [  | ☐ Check if this is an       |
|                          |  |  |                            |  | amended filing              |
| Officia                  | al Form 106H   |  |                            |  |                             |
|                          |  |  |                            |  |                             |
| Sche                     | dule H: Your Cod   | ebtors   |                            |  | 12/15                       |
|                          |  |  |                            |  |                             |
| fill it out,<br>your nam |  | boxes on the left. Attach<br>. Answer every question | n the Additional Page t    | ion. If more space is needed, on this page. On the top of any as a codebtor.                       |                             |
|                          | •  | you are ming a joint case,                           | do not list citrici spouse | as a couchor.  |                             |
| ■ No                     |  |  |                            |  |                             |
|                          | ithin the last 8 years, have yo<br>ona, California, Idaho, Louisiana |  |                            | ry? (Community property states a ington, and Wisconsin.)   | and territories include     |
| _                        |  |  |                            |  |                             |
|                          | o. Go to line 3.   |  |                            |  |                             |
| ⊔ Y€                     | es. Did your spouse, former spo                                      | use, or legal equivalent live                        | e with you at the time?    |  |                             |
|                          |  |  |                            |  |                             |
| in lin<br>Form           | ne 2 again as a codebtor only  | if that person is a guaran                           | tor or cosigner. Make      | if your spouse is filing with your sure you have listed the credit<br>16G). Use Schedule D, Schedu | tor on Schedule D (Official |
| out                      | Joidinii E.  |  |                            |  |                             |
|                          | Column 1: Your codebtor Name, Number, Street, City, State and Z      | IP Code  |                            | Column 2: The creditor to  | -                           |
|                          | riamo, riambor, etroot, eny, etate and E                             | 0000   |                            | Check all schedules that ap  | эріу.                       |
| 3.1                      |  |  |                            | ☐ Schedule D, line   |                             |
|                          | Name   |  |                            | ☐ Schedule E/F, line   |                             |
|                          |  |  |                            | ☐ Schedule G, line   |                             |
|                          | Number Street  |  |                            | _  |                             |
|                          | City   | State  | ZIP Code                   |  |                             |
|                          |  |  |                            |  |                             |
| 22                       |  |  |                            | Cohodula D. Saa  |                             |
| 3.2                      | Name   |  |                            | Schedule D, line   |                             |
|                          |  |  |                            | Schedule E/F, line   |                             |
|                          |  |  |                            | ☐ Schedule G, line   |                             |
|                          | Number Street  | Ctoto  | 710.0040                   |  |                             |
|                          | City   | State  | ZIP Code                   |  |                             |

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|                    |   |   |   |                     |                | •                           |                      |                        |                              |                 |
|--------------------|---|---|---|---------------------|----------------|-----------------------------|----------------------|------------------------|------------------------------|-----------------|
|                    | in this information to identify your optor 1 Trayhanda S  |   |   |                     |                |                             |                      |                        |                              |                 |
| Del                | otor 2  | Ottaming  |   |                     |                |                             |                      |                        |                              |                 |
|                    | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                   | CT OF ILLINOIS                                |                     |                |                             |                      |                        |                              |                 |
| Cas                | se number<br>nown)  |   | -   |                     |                | Check if                    | mended               | •                      | g postpetition               | chanter         |
| _                  | (f)   |   |   |                     |                |                             |                      |                        | ollowing date:               | onaptor         |
|                    | fficial Form 106 <u>l</u><br>chedule I: Your Inc  |   |   |                     |                | MM /                        | DD/ YY               | YY                     |                              | 12/1            |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  T1: Describe Employment | are married and not fili<br>ur spouse is not filing w | ng jointly, and your<br>ith you, do not inclu | spouse<br>ude infor | is liv<br>mati | ing with you<br>on about yo | u, includ<br>ur spou | de inforn<br>se. If mo | nation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1                                      |                     |                | De                          | ebtor 2 c            | or non-fi              | ling spouse                  |                 |
|                    | If you have more than one job, attach a separate page with information about additional   | Employment status                                     | ■ Employed □ Not employed                     |                     |                |                             | Employ<br>Not em     |                        |                              |                 |
|                    | employers.  | Occupation  | Teacher Assista                               | ınt                 |                |                             |                      |                        |                              |                 |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name                                       | NSSED   |                     |                |                             |                      |                        |                              |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                    | 760 Red Oak Lr<br>Highland Park, I            |                     | i              |                             |                      |                        |                              |                 |
|                    |   | How long employed t                                   | here? 3 Years                                 | s                   |                |                             |                      |                        |                              |                 |
| Par                | t 2: Give Details About Mo  | nthly Income  |   |                     |                |                             |                      |                        |                              |                 |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If                            | you have nothing to                           | report for          | any            | line, write \$0             | in the s             | pace. Inc              | clude your nor               | n-filing        |
|                    | u or your non-filing spouse have m<br>e space, attach a separate sheet to   |   | ombine the information                        | on for all          | empl           | oyers for that              | t person             | on the li              | nes below. If y              | you need        |
|                    |   |   |   |                     |                | For Debtor                  | r 1                  |                        | btor 2 or<br>ng spouse       |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.                  | \$             | 1,40                        | 0.00                 | \$                     | N/A                          |                 |
| 3.                 | Estimate and list monthly over  | time pay.   |   | 3.                  | +\$            |                             | 0.00                 | +\$                    | N/A                          |                 |
| 4.                 | Calculate gross Income. Add li  | ne 2 + line 3.  |   | 4.                  | \$             | 1,400.0                     | 00                   | \$                     | N/A                          |                 |

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| Deb | tor 1               | Trayhanda S Starling   | _              | (                    | Case n         | umber (if know                  | vn)                                     |                               |                          |                                 |          |
|-----|---------------------|--|----------------|----------------------|----------------|---------------------------------|---|-------------------------------|--------------------------|---------------------------------|----------|
|     | <b>C</b> =          | without home   | 4              |                      | For I          | Debtor 1                        | 20                                      | non-                          | Debtor 2 or filing spous | se                              |          |
|     |                     | y line 4 here  | 4.             |                      | Φ              | 1,400.0                         | 00_                                     | \$                            | N                        | <u>\/A</u>                      |          |
| 5.  |                     | all payroll deductions:  | -              |                      | •              | =0.0                            |   | Φ.                            |                          |                                 |          |
|     | 5a.<br>5b.          | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  | 5a<br>5b       |                      | \$             | 50.0<br>0.0                     |   | \$                            |                          | N/A<br>N/A                      |          |
|     | 5c.                 | Voluntary contributions for retirement plans   | 50             |                      | \$<br>         | 0.0                             |   | \$                            |                          | V/A                             |          |
|     | 5d.                 | Required repayments of retirement fund loans   | 50             |                      | <b>\$</b> —    | 0.0                             | _                                       | \$—                           |                          | V/A                             |          |
|     | 5e.                 | Insurance  | 56             |                      | \$             | 0.0                             |   | \$                            |                          | 1/A                             |          |
|     | 5f.                 | Domestic support obligations   | 5f             |                      | \$             | 0.0                             |   | \$                            |                          | V/A                             |          |
|     | 5g.                 | Union dues   | 50             | j.                   | \$             | 0.0                             |   | \$                            |                          | V/A                             |          |
|     | 5h.                 | Other deductions. Specify:   | 5h             | 1.+                  | \$             | 0.0                             | 00                                      | + \$                          | N                        | N/A                             |          |
| 6.  | Add                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.             |                      | \$             | 50.0                            | 00_                                     | \$                            |                          | N/A                             |          |
| 7.  | Cald                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.             |                      | \$             | 1,350.0                         | 00_                                     | \$                            | <u>N</u>                 | N/A                             |          |
| 8.  | 8b. 8c. 8d. 8e. 8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Link | 80<br>80<br>86 | o.<br>c.<br>d.<br>e. | \$<br>\$<br>\$ | 0.0<br>0.0<br>0.0<br>0.0<br>0.0 | 000000000000000000000000000000000000000 | \$<br>\$ \$<br>\$ \$<br>\$ \$ | N N                      | N/A<br>N/A<br>N/A<br>N/A<br>N/A |          |
|     | 8g.                 | SSI for Son Pension or retirement income   | _<br>80        | 1                    | \$             | 297.0<br>0.0                    |   | \$                            |                          | N/A<br>N/A                      |          |
|     | 8h.                 | Other monthly income. Specify:   | -              | ).<br>1.+            | \$             |                                 | 00                                      | · -                           |                          | 1/A                             |          |
| 9.  | Add                 | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | —<br>9.        | ,                    | \$             | 408.0                           |   | \$                            |                          | N/A                             |          |
| 10. |                     | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.            | \$_                  | 1              | ,758.00 +                       | \$_                                     |                               | N/A = \$                 | 1                               | 1,758.00 |
| 11. | Inclu<br>othe       | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:   | dep            |                      |                | •                               |   |                               | chedule J.<br>11. +\$    |                                 | 0.00     |
| 12. |                     | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |                |                      |                |                                 |   |                               | 12. \$                   | 1<br>nbine                      | 1,758.00 |
| 13. |                     | you expect an increase or decrease within the year after you file this form  | ?              |                      |                |                                 |   |                               |                          |                                 | income   |
|     |                     | No.  |                |                      |                |                                 |   |                               |                          |                                 |          |
|     |                     | Yes. Explain: Schedule I reflects Debtor's estimated income. Debt  | or's           | inc                  | ome            | will fluctuat                   | te fr                                   | om tim                        | e to time.               |                                 |          |

Official Form 106I Schedule I: Your Income page 2

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| Fill                | in this information to identify your case:   |  |            |           |                          |   |
|---------------------|--|--|------------|-----------|--------------------------|---|
| Debt                | otor 1 Trayhanda S Starling  |  | Ch<br>□    | eck if th | nis is:<br>mended filing |   |
|                     | otor 2ouse, if filing)   |  |            | A su      | pplement show            | ing postpetition chapter he following date: |
| (Opc                | ouse, il lilling)  |  |            | 10 0      | Aperises as or t         | ne ronowing date.                           |
| Unite               | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING   | DIS                                      |            | MM /      | DD / YYYY                |   |
|                     | e numbernown)  |  |            |           |                          |   |
| Of                  | fficial Form 106J  |  |            |           |                          |   |
| Sc                  | chedule J: Your Expenses   |  |            |           |                          | 12/15                                       |
| Be a<br>info<br>nun | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this formation.  The complete and accurate as possible. If two married people are or married peop |  |            |           |                          |   |
| Part                | t 1: Describe Your Household Is this a joint case?   |  |            |           |                          |   |
|                     | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?  ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses   | for Separate House                       | hold of De | ebtor 2   |                          |   |
| _                   |  | ioi coparato i iouco                     | 7701G 01 D | JD101 2.  |                          |   |
| 2.                  | Do you have dependents? ☐ No   |  |            |           |                          |   |
|                     | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relati<br>Debtor 1 or Debtor |            |           | Dependent's<br>ige       | Does dependent live with you?               |
|                     | Do not state the dependents names.   | Daughter                                 |            | 2         | 2                        | □ No<br>■ Yes                               |
|                     |  | Son                                      |            | g         | )                        | □ No<br>■ Yes                               |
|                     |  |  |            |           |                          | □ No  |
|                     |  |  |            |           |                          | ☐ Yes                                       |
|                     |  |  |            |           | _                        | □ No  |
| _                   |  |  |            |           |                          | ☐ Yes                                       |
| 3.                  | Do your expenses include expenses of people other than yourself and your dependents?   |  |            |           |                          |   |
| exp                 | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a suppliciable date.   |  |            |           |                          |   |
| the                 | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Yo</i> ficial Form 106I.)  |  |            |           | Your expe                | nses  |
| 4.                  | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.  | clude first mortgage                     | e<br>4.    | \$        |                          | 350.00                                      |
|                     | If not included in line 4:   |  |            |           |                          |   |
|                     | 4a. Real estate taxes  |  | 4a.        | \$        |                          | 0.00  |
|                     | 4b. Property, homeowner's, or renter's insurance   |  | 4b.        |           |                          | 0.00  |
|                     | 4c. Home maintenance, repair, and upkeep expenses  |  | 4c.        | \$        |                          | 0.00  |
| _                   | 4d. Homeowner's association or condominium dues  |  | 4d.        |           |                          | 0.00  |
| 5                   | Additional mortgage payments for your residence, such as home  | na aguity Inans                          | 5          | \$        |                          | 0.00  |

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| Deb      | or 1 Trayhanda S Starling C   | ase num   | ber (if known)                          |                          |
|----------|---|-----------|---|--------------------------|
| 6.       | Utilities:  |           |   |                          |
| J.       | 6a. Electricity, heat, natural gas  | 6a.       | \$                                      | 100.00                   |
|          | 6b. Water, sewer, garbage collection  | 6b.       | · ·                                     | 0.00                     |
|          | 6c. Telephone, cell phone, Internet, satellite, and cable services                                    | 6c.       |   | 50.00                    |
|          |   |           |   |                          |
| ,        |   | _ 6d.     |   | 0.00                     |
| <b>.</b> | Food and housekeeping supplies  | 7.        |   | 413.00                   |
| 3.       | Childcare and children's education costs  | 8.        | \$                                      | 60.00                    |
| ).       | Clothing, laundry, and dry cleaning   | 9.        | \$                                      | 50.00                    |
| 0.       | Personal care products and services   | 10.       | \$                                      | 30.00                    |
| 1.       | Medical and dental expenses   | 11.       | \$                                      | 0.00                     |
| 2.       | Transportation. Include gas, maintenance, bus or train fare.  |           | _                                       | 400.00                   |
|          | Do not include car payments.  | 12.       | \$                                      | 120.00                   |
| 3.       | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.       | \$                                      | 0.00                     |
| 4.       | Charitable contributions and religious donations  | 14.       | \$                                      | 0.00                     |
| 5.       | Insurance.  |           |   |                          |
|          | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |           |   |                          |
|          | 15a. Life insurance   | 15a.      | \$                                      | 0.00                     |
|          | 15b. Health insurance   | 15b.      | \$                                      | 0.00                     |
|          | 15c. Vehicle insurance  | 15c.      |   | 109.00                   |
|          | 15d. Other insurance. Specify:  | 15d.      |   | 0.00                     |
| 6        | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      | _ 100.    | Ψ                                       | 0.00                     |
| 0.       | Specify:  | 16.       | \$                                      | 0.00                     |
| 7        | Installment or lease payments:  | _ '0.     | Ψ                                       | 0.00                     |
| ٠.       | 17a. Car payments for Vehicle 1   | 17a.      | ¢                                       | 0.00                     |
|          | • •   |           | · · —                                   |                          |
|          | 17b. Car payments for Vehicle 2   | 17b.      |   | 0.00                     |
|          | 17c. Other. Specify:  | 17c.      | ·                                       | 0.00                     |
|          | 17d. Other. Specify:  | 17d.      | \$                                      | 0.00                     |
| 8.       | Your payments of alimony, maintenance, and support that you did not report as                         | 10        | ¢.                                      | 0.00                     |
| _        | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                       | 18.       | ·                                       |                          |
| 9.       | Other payments you make to support others who do not live with you.                                   |           | \$                                      | 0.00                     |
|          | Specify:  | 19.       |   |                          |
| 0.       | Other real property expenses not included in lines 4 or 5 of this form or on Schedu                   |           |   |                          |
|          | 20a. Mortgages on other property  | 20a.      | \$                                      | 0.00                     |
|          | 20b. Real estate taxes  | 20b.      | \$                                      | 0.00                     |
|          | 20c. Property, homeowner's, or renter's insurance   | 20c.      | \$                                      | 0.00                     |
|          | 20d. Maintenance, repair, and upkeep expenses   | 20d.      | \$                                      | 0.00                     |
|          | 20e. Homeowner's association or condominium dues  | 20e.      | \$                                      | 0.00                     |
| 1        | Other: Specify:   |           | +\$                                     | 0.00                     |
| ••       |   |           | ι Ψ                                     | 0.00                     |
| 22.      | Calculate your monthly expenses   |           |   |                          |
|          | 22a. Add lines 4 through 21.  |           | \$                                      | 1,282.00                 |
|          | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                  |           | \$                                      | ,                        |
|          | 22c. Add line 22a and 22b. The result is your monthly expenses.                                       |           | \$                                      | 1 292 00                 |
|          | 220. Add into 22a and 22b. The result is your monthly expenses.                                       |           | Ψ                                       | 1,282.00                 |
| 23.      | Calculate your monthly net income.  |           | L                                       |                          |
|          | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                     | 23a.      | \$                                      | 1,758.00                 |
|          | 23b. Copy your monthly expenses from line 22c above.  | 23b.      |   | 1,282.00                 |
|          | 200. Copy your morning expenses from the 220 above.   | 200.      |   | 1,202.00                 |
|          | 23c. Subtract your monthly expenses from your monthly income.   |           |   |                          |
|          | The result is your <i>monthly net income</i> .  | 23c.      | \$                                      | 476.00                   |
|          | The result is your monthly net income.  |           | <u> </u>                                |                          |
| 24       | Do you expect an increase or decrease in your expenses within the year after you                      | file this | form?                                   |                          |
|          | For example, do you expect to finish paying for your car loan within the year or do you expect your m |           |   | or decrease because of a |
|          | modification to the terms of your mortgage?   | ا حقق     | , |                          |
|          | ■ No.   |           |   |                          |
|          |   |           |   |                          |
|          | Yes. Explain here:  |           |   |                          |

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| Fill in this infor  | mation to identify your                          | case:                     |                             |   |   |
|---------------------|--|---------------------------|-----------------------------|---|---|
| Debtor 1            | Trayhanda S Starl                                | ina                       |                             |   |   |
|                     | First Name                                       | Middle Name               | Last Name                   |   |   |
| Debtor 2            |  |                           |                             |   |   |
| (Spouse if, filing) | First Name                                       | Middle Name               | Last Name                   |   |   |
| United States Ba    | ankruptcy Court for the:                         | NORTHERN DISTRICT         | OF ILLINOIS                 |   |   |
| Case number         |  |                           |                             |   |   |
| (if known)          |  |                           |                             |   | ☐ Check if this is an amended filing                        |
|                     | ion About a                                      |                           | Debtor's Sch                |   | 12/15   |
| If two married pe   | eople are filing togethe                         | r, both are equally respo | nsible for supplying corre  | ct information.   |   |
| obtaining money     |  | n connection with a bank  |                             | Making a false statement, of fines up to \$250,000, or im |   |
| Sign                | n Below  |                           |                             |   |   |
| Did you pa          | y or agree to pay some                           | one who is NOT an attor   | ney to help you fill out ba | nkruptcy forms?   |   |
| ■ No                |  |                           |                             |   |   |
| ☐ Yes. N            | Name of person                                   |                           |                             |   | Petition Preparer's Notice,<br>ignature (Official Form 119) |
|                     | Ity of perjury, I declare<br>e true and correct. | that I have read the sum  | mary and schedules filed    | with this declaration and                                 |   |
| X /s/ Trav          | handa S Starling                                 |                           | X                           |   |   |
|                     | nda S Starling                                   |                           | Signature of D              | ebtor 2   |   |

Date

Signature of Debtor 1

Date September 30, 2016

| FIII              | in this inforr   | nation to identify you                       | r case:  |                                    |   |                                    |  |  |  |  |  |
|-------------------|--|--|--|------------------------------------|---|------------------------------------|--|--|--|--|--|
| De                | btor 1   | Trayhanda S Star                             | 'ling<br>Middle Name   | Last Name                          |   |                                    |  |  |  |  |  |
| De                | btor 2   | ristrano                                     | Middle Name  | Last Name                          |   |                                    |  |  |  |  |  |
| (Sp               | ouse if, filing)   | First Name                                   | Middle Name  | Last Name                          |   |                                    |  |  |  |  |  |
| Un                | ited States Ba   | nkruptcy Court for the:                      | NORTHERN DISTRICT O  | OF ILLINOIS                        |   |                                    |  |  |  |  |  |
|                   | se number _  |  |  |                                    |   | heck if this is an                 |  |  |  |  |  |
|                   |  |  |  |                                    | a   | mended filing                      |  |  |  |  |  |
|                   | ficial Fo  |  |  |                                    |   |                                    |  |  |  |  |  |
| St                | atement  | of Financial                                 | Affairs for Individ  | duals Filing for B                 | ankruptcy   | 4/16                               |  |  |  |  |  |
| info<br>nun       | ormation. If manual in the man | ore space is needed,<br>n). Answer every que | attach a separate sheet to stion.  | this form. On the top of any       | equally responsible for sup<br>y additional pages, write you    |                                    |  |  |  |  |  |
| Ра<br>1.          |  | Details About Your Ma                        | rital Status and Where You   | Lived Before                       |   |                                    |  |  |  |  |  |
| ••                | ☐ Married  |  |  |                                    |   |                                    |  |  |  |  |  |
|                   | ■ Not mai  |  |  |                                    |   |                                    |  |  |  |  |  |
| 2.                | During the last 3 years, have you lived anywhere other than where you live now?  |  |  |                                    |   |                                    |  |  |  |  |  |
|                   | ■ No □ Yes. Lis  | et all of the places you l                   | ived in the last 3 years. Do no  | ot include where you live now      | <i>i</i> .  |                                    |  |  |  |  |  |
|                   | Debtor 1 Pr  | ior Address:                                 | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | dress:  | Dates Debtor 2<br>lived there      |  |  |  |  |  |
| <b>3.</b><br>stat |  |  |  |                                    | ity property state or territory<br>ico, Texas, Washington and W |                                    |  |  |  |  |  |
|                   | ■ No   |  |  |                                    |   |                                    |  |  |  |  |  |
|                   | ☐ Yes. Ma  | ake sure you fill out <i>Sch</i>             | nedule H: Your Codebtors (Of   | ficial Form 106H).                 |   |                                    |  |  |  |  |  |
| Pa                | tt 2 Explai  | n the Sources of You                         | r Income   |                                    |   |                                    |  |  |  |  |  |
| 4.                | Fill in the tota   | al amount of income yo                       | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-    |   | ndar years?                        |  |  |  |  |  |
|                   | □ No   |  |  |                                    |   |                                    |  |  |  |  |  |
|                   | Yes. Fil   | in the details.                              |  |                                    |   |                                    |  |  |  |  |  |
|                   |  |  | Debtor 1   |                                    | Debtor 2  |                                    |  |  |  |  |  |
|                   |  |  | Sources of income  | Gross income                       | Sources of income   | Gross income                       |  |  |  |  |  |
|                   |  |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.   | (before deductions and exclusions) |  |  |  |  |  |
|                   |  | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | \$21,000.00                        | ☐ Wages, commissions, bonuses, tips                             |                                    |  |  |  |  |  |
|                   |  |  | ☐ Operating a business   |                                    | ☐ Operating a business  |                                    |  |  |  |  |  |

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Debtor 1 Trayhanda S Starling

|   | Debtor 1                                   |   | Debtor 2                                   |   |
|---|--|---|--|---|
|   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2015)         | ■ Wages, commissions, bonuses, tips        | \$20,460.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| For the calendar year before that: (January 1 to December 31, 2014) | ■ Wages, commissions, bonuses, tips        | \$12,943.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |

#### Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

|   | Debtor 1                             |  | Debtor 2                             |   |  |  |
|---|--------------------------------------|--|--------------------------------------|---|--|--|
|   | Sources of income<br>Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |  |  |
| From January 1 of current year until the date you filed for bankruptcy: | Link Benefit                         | \$999.00   |                                      |   |  |  |
| For last calendar year:<br>(January 1 to December 31, 2015)             | Link Benefit                         | \$1,332.00   |                                      |   |  |  |
| For the calendar year before that: (January 1 to December 31, 2014)     | Link Benefit                         | \$1,332.00   |                                      |   |  |  |
|   | Unemployment                         | \$3,276.00   |                                      |   |  |  |
|   |                                      |  |                                      |   |  |  |

### List Certain Payments You Made Before You Filed for Bankruptcy

| <ol><li>Are either Debtor 1's or Debtor 2's debts primarily consumer de</li></ol> |
|---|
|---|

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an No. individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

#### Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

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Debtor 1 Trayhanda S Starling

|     | Creditor's Name and Address   | Dates of payment   | Total amount paid                                     | Amount you still owe                         | Was this payr                        | ment for  |
|-----|---|--|---|--|--------------------------------------|---|
| 7.  | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen-<br>control, or owner of 20% or | eral partners; partners or the partner of their votin | erships of which you<br>g securities; and an | u are a general p<br>ly managing age | partner; corporations<br>ent, including one for |
|     | Yes. List all payments to an insider.   |  |   |  |                                      |   |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                     | Amount you still owe                         | Reason for th                        | is payment                                      |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi  No   |  | ments or transfer                                     | any property on ac                           | count of a deb                       | t that benefited an                             |
|     | Yes. List all payments to an insider  |  |   |  |                                      |   |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                     | Amount you still owe                         | Reason for th<br>Include credito     |   |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures  |   |  |                                      |   |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                     | cases, small claims actions                                  |   |  | ctions, support o                    | r custody                                       |
|     | Case title Case number  | Nature of the case   | Court or agency                                       |  | Status of the                        | case  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.   |  | rty repossessed,                                      | foreclosed, garnis                           | hed, attached, s                     | seized, or levied?                              |
|     | Yes. Fill in the information below.   | <b>D</b> " " <b>D</b> '                                      |   | <b>5</b> /                                   |                                      | V. 1  |
|     | Creditor Name and Address   | Describe the Property  |   | Date   |                                      | Value of the property                           |
|     |   | Explain what happened  |   |  |                                      |   |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.   |  | uding a bank or fi                                    | nancial institution                          | , set off any am                     | ounts from your                                 |
|     | Creditor Name and Address   | Describe the action the                                      | creditor took   | Date a                                       | action was                           | Amount  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a  |  | erty in the possess                                   | ion of an assignee                           | e for the benefit                    | of creditors, a                                 |
|     | ■ No □ Yes  |  |   |  |                                      |   |

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| Par | t 5: List Certain Gifts and Contributions   | i      |  |   |                        |
|-----|---|--------|--|---|------------------------|
| 13. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.  | ptcy,  | did you give any gifts with a total value of more t  | han \$600 per person                    | ?                      |
|     | Gifts with a total value of more than \$600 per person  | )      | Describe the gifts   | Dates you gave the gifts                | Value                  |
|     | Person to Whom You Gave the Gift and Address:   |        |  |   |                        |
| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co                                       |        | did you give any gifts or contributions with a tota  | Il value of more than                   | \$600 to any charity?  |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)         | tal    | Describe what you contributed  | Dates you contributed                   | Value                  |
| Par | t 6: List Certain Losses  |        |  |   |                        |
| 15. | or gambling?  ■ No □ Yes. Fill in the details.  |        | r since you filed for bankruptcy, did you lose any   |   |                        |
|     | how the loss occurred   | nclud  | ribe any insurance coverage for the loss the the amount that insurance has paid. List pending lance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost |
| Par | t 7: List Certain Payments or Transfers   |        | , ,  |   |                        |
| 16. | consulted about seeking bankruptcy or p   | repari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required           |   | rty to anyone you      |
|     | Yes. Fill in the details.   |        |  |   |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo                                  | ou     | Description and value of any property transferred  | Date payment or transfer was made       | Amount of payment      |
|     | STAHULAK & ASSOCIATES, L.L.C<br>53 W. Jackson Blvd., Suite 652<br>Chicago, IL 60604   |        | \$350.00 (\$310.00 filing fee + \$33.00 credit report + \$7.00 copy)   | 9/30/16                                 | \$350.00               |
|     | CC Advising, Inc.<br>703 Washington Ave.<br>Ste 200<br>Bay City, MI 48708   |        | \$9.76 Credit Counseling   | 9/30/16                                 | \$9.76                 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credit Do not include any payment or transfer that you | tors o |  | or transfer any prope                   | rty to anyone who      |
|     | ■ No □ Yes. Fill in the details.  |        |  |   |                        |
|     | Person Who Was Paid<br>Address  |        | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment      |

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Debtor 1 Trayhanda S Starling

| 18. | 8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |   |                    |   |  |   |  |  |  |  |
|-----|--|---|--------------------|---|--|---|--|--|--|--|
|     | Yes. Fill in the details.  |   |                    |   |  |   |  |  |  |  |
|     | Person Who Received Transfer Address   | Description and va<br>property transferre                                 |                    |   | any property or<br>received or debts<br>change | Date transfer was made                        |  |  |  |  |
|     | Person's relationship to you   |   |                    |   |  |   |  |  |  |  |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No   |   | y property to a se | lf-settled tro  | ust or similar device o                        | f which you are a                             |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |   |                    |   |  |   |  |  |  |  |
|     | Name of trust  | Description and va  | alue of the proper | rty transferr   | ed   | Date Transfer was made                        |  |  |  |  |
|     |  |   |                    |   |  | mauc  |  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Inst  | ruments, Safe Deposit   | Boxes, and Stora   | ige Units   |  |   |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?  | were any financial acc  | counts or instrum  | ents held ir  | n your name, or for yo                         | ur benefit, closed,                           |  |  |  |  |
|     | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  |   |                    |   |  |   |  |  |  |  |
|     | No   |   |                    |   |  |   |  |  |  |  |
|     | Yes. Fill in the details.  |   |                    |   |  |   |  |  |  |  |
|     |  | Last 4 digits of account number Type of account instrument                |                    | Date account was<br>closed, sold,<br>moved, or<br>transferred |  | Last balance<br>before closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ear before you filed for  | bankruptcy, any    | safe deposi   | t box or other deposit                         | ory for securities,                           |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                    |   |  |   |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acco<br>Address (Number, St<br>State and ZIP Code)           |                    | escribe the   | Do you still have it?                          |   |  |  |  |  |
| 22. | Have you stored property in a storage unit or  | place other than your   | home within 1 ye   | ar before yo  | ou filed for bankruptcy                        | /?  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                    |   |  |   |  |  |  |  |
|     |  | Wha also bee as b   | D                  |   |  | Da waw atill                                  |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                    | escribe the   | contents                                       | Do you still have it?                         |  |  |  |  |
| Par | t 9: Identify Property You Hold or Control for   | or Someone Else   |                    |   |  |   |  |  |  |  |
| 23. | Do you hold or control any property that som for someone.  | eone else owns? Inclu   | ide any property y | ou borrow   | ed from, are storing fo                        | or, or hold in trust                          |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                    |   |  |   |  |  |  |  |
|     |  |   |                    |   |  |   |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prope<br>(Number, Street, City, St<br>Code)                  |                    | escribe the   | property                                       | Value   |  |  |  |  |
| Par | t 10: Give Details About Environmental Infor   | mation  |                    |   |  |   |  |  |  |  |
| For | the purpose of Part 10, the following definition   | ns apply:   |                    |   |  |   |  |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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Debtor 1 Trayhanda S Starling

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| notices, releases, and proceedings that   | t you know about, regardless of when  | thou coourred  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
|   | Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  |  |  |  |  |  |  |  |  |  |  |  |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  |   |  |  |  |  |  |  |  |  |  |  |  |
| No  |   |  |  |  |  |  |  |  |  |  |  |  |
| Yes. Fill in the details.   |   |  |  |  |  |  |  |  |  |  |  |  |
| ne of site<br>ress (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)  |  | tal law, if you  | Date of notice   |  |  |  |  |  |  |  |  |
| Have you notified any governmental unit of any release of hazardous material?   |   |  |  |  |  |  |  |  |  |  |  |  |
| No<br>Yes. Fill in the details.   |   |  |  |  |  |  |  |  |  |  |  |  |
| Name of site  Address (Number, Street, City, State and ZIP Code)  Governmental unit  Address (Number, Street, City, State and ZIP Code) |   | Environmental law, if you know it  |  | Date of notice   |  |  |  |  |  |  |  |  |
| you been a party in any judicial or adm   | inistrative proceeding under any envi   | onmental law? Ir   | nclude settlements   | and orders.  |  |  |  |  |  |  |  |  |
| ■ No □ Yes. Fill in the details.  |   |  |  |  |  |  |  |  |  |  |  |  |
| e Title<br>e Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the cas  | se   | Status of the case   |  |  |  |  |  |  |  |  |
| Give Details About Your Business or 0   | Connections to Any Business   |  |  |  |  |  |  |  |  |  |  |  |
| in 4 years before you filed for bankrupte   | ev did you own a business or have an  | of the following   | connections to an  | v husiness?  |  |  |  |  |  |  |  |  |
| ■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                           |   |  |  |  |  |  |  |  |  |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |  |  |  |  |  |  |  |  |  |  |  |
| _   |   | ,  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |
| iness Name  | Describe the nature of the business   | Employer lo  |  |  |  |  |  |  |  |  |  |  |
| ress<br>ber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper  |  |  | number or IIIN.  |  |  |  |  |  |  |  |  |
| in 2 years before you filed for bankrupto<br>cutions, creditors, or other parties.  | our business? Incl  | ude all financial  |  |  |  |  |  |  |  |  |  |  |
| No  |   |  |  |  |  |  |  |  |  |  |  |  |
| Yes. Fill in the details below.   |   |  |  |  |  |  |  |  |  |  |  |  |
| ne ress ber, Street, City, State and ZIP Code)  | Date Issued   |  |  |  |  |  |  |  |  |  |  |  |
| AY MY AY MY AY ee I II D D D A Y iird iii. AY MY  | lo 'es. Fill in the details. e of site ess (Number, Street, City, State and ZIP Code)  you notified any governmental unit of a lo 'es. Fill in the details. e of site ess (Number, Street, City, State and ZIP Code)  you been a party in any judicial or adm lo 'es. Fill in the details.  Title Number  Give Details About Your Business or Con 4 years before you filed for bankrupto A sole proprietor or self-employed in A member of a limited liability compa A partner in a partnership An officer, director, or managing exe An owner of at least 5% of the voting lo. None of the above applies. Go to P 'es. Check all that apply above and fill ness Name ess er, Street, City, State and ZIP Code)  1 2 years before you filed for bankrupto titions, creditors, or other parties. | do fees. Fill in the details.  e of site ess (Number, Street, City, State and ZIP Code)  you notified any governmental unit of any release of hazardous material?  for fees. Fill in the details.  e of site ess (Number, Street, City, State and ZIP Code)  governmental unit of any release of hazardous material?  for fees. 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Dates busin and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Addres | to less. Fill in the details.  a of site  Address (Number, Street, City, State and ZIP Code)  Name  Court or agency Name Address (Number, Street, City, State and ZIP Code)  Nature of the case  Nature of the case  Nature of the case  Nature of the case  A years before you filed for bankruptcy, did you own a business or have any of the following connections to and ZIP Code)  A partner in a partnership  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  The company (LLC) or limited liability partnership (LLP)  An officer, director, or managing executive of a corporation  None of the above applies. Go to Part 12.  The company (LLC) or limited liability partnership (LLP)  An owner of at least 5% of the voting or equity securities of a corporation  None of the above applies. Go to Part 12.  The company (LLC) or limited liability partnership (LLP)  An owner of at least 5% of the voting or equity securities of a corporation  None of the above applies. Go to Part 12.  The company (LLC) or limited liability partnership (LLP)  An owner of at least 5% of the voting or equity securities of a corporation  None of the above applies. Go to Part 12.  The company (LLC) or limited l |  |  |  |  |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 16-31356 Doc 1 Filed 09/30/16 Entered 09/30/16 16:55:00 Page 36 of 50 Case number (if known) Document

Debtor 1 Trayhanda S Starling

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Trayhanda S Starling Signature of Debtor 2 Trayhanda S Starling Signature of Debtor 1 Date September 30, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Debtor's attorney received \$350.00 from Debtor(s) prior to filing of the case as an advanced payment in compensation of (1) analysis of financial situation; (2) consultation on various bankruptcy and non-bankruptcy options; (3) preparation of documents; (4) payment of filing fees; and, when applicable (5) payment of costs of credit report fees.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>September 30, 2016</u>      | U        |         | 3                          |  |
|--------------------------------------|----------|---------|----------------------------|--|
| Signed:                              |          |         |                            |  |
| /s/ Trayhanda S Starling             |          |         | /s/ Thomas G. Stahulak     |  |
| Trayhanda S Starling                 |          |         | Thomas G. Stahulak 6288620 |  |
|                                      |          |         | Attorney for the Debtor(s) |  |
| Debtor(s)                            |          |         |                            |  |
| Do not sign this agreement if the ar | nounts a | are bla | nk.                        |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re       | Trayhanda S Starling   |  | Case N   | ).  |              |
|-------------|--|--|--|---|--------------|
|             |  | Debtor(s)  | Chapter  | 13  |              |
|             | DISCLOSURE OF COMPENS  | SATION OF ATTO   | RNEY FOR I   | DEBTOR(S)                                   |              |
| C           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of of   | of the petition in bankruptcy  | , or agreed to be pa   | id to me, for services rend                 | ered or to   |
|             | For legal services, I have agreed to accept  |  | \$   | 4,000.00                                    |              |
|             | Prior to the filing of this statement I have received  |  | \$   | 0.00  |              |
|             | Balance Due  |  | \$   | 4,000.00                                    |              |
| 2. \$       | 310.00 of the filing fee has been paid.  |  |  |   |              |
| 3. T        | he source of the compensation paid to me was:  |  |  |   |              |
|             | ■ Debtor □ Other (specify):  |  |  |   |              |
| 4. T        | he source of compensation to be paid to me is:   |  |  |   |              |
|             | ■ Debtor □ Other (specify):  |  |  |   |              |
| 5. <b>I</b> | I have not agreed to share the above-disclosed compens   | sation with any other person   | unless they are mo   | embers and associates of m                  | ıy law firm. |
| [           | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names   |  |  |   | firm. A      |
| 6. I        | n return for the above-disclosed fee, I have agreed to rende   | er legal service for all aspec   | ts of the bankruptc  | y case, including:                          |              |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and renderin</li> <li>Preparation and filing of any petition, schedules, statem</li> <li>Representation of the debtor at the meeting of creditors</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce agreements and applications as needed; prepof liens on household goods.</li> </ul> | ent of affairs and plan which<br>and confirmation hearing, a<br>to market value; exempti | h may be required;<br>and any adjourned b<br>on planning; prep | earings thereof; aration and filing of reaf | ffirmation   |
| 7. B        | by agreement with the debtor(s), the above-disclosed fee do<br>Representation of the debtors in any discharg<br>adversary proceeding.  |  |  | lief from stay actions or                   | any other    |
|             |  | CERTIFICATION  |  |   |              |
|             | certify that the foregoing is a complete statement of any analysis inkruptcy proceeding.   | greement or arrangement fo   | r payment to me fo   | r representation of the deb                 | tor(s) in    |
| Se          | eptember 30, 2016  | /s/ Thomas G. Sta  | ahulak   |   |              |
| Do          | nte  | Thomas G. Stahu  |  |   | _            |
|             |  | Signature of Attorn Stahulak & Assoc   |  | :Filed                                      |              |
|             |  | 53 W. Jackson Bl   | vd., Suite 652   |   |              |
|             |  | Chicago, IL 60604<br>(312) 662-1480 I  |  | 28  |              |
|             |  | ecf@stahulakand  |  | 20  |              |
|             |  | Name of law firm   |  |   | _            |

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#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Trayhanda S Starling  |   | Case No. |    |  |
|-------|---|---|----------|----|--|
|       |   | Debtor(s)   | Chapter  | 13 |  |
|       | VER   | RIFICATION OF CREDITOR MA   | ATRIX    |    |  |
|       | Number of Creditors:  |   |          |    |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |          |    |  |
| Date: | September 30, 2016  | /s/ Trayhanda S Starling Trayhanda S Starling Signature of Debtor |          |    |  |

A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010

Americash 880 Lee Street Des Plaines, IL 60016

AmeriCash C/o Payment Processing P.O. Box 184 Des Plaines, IL 60016

Arnold Scott Harris P.C. 111 W Jackson Ste 600 Chicago, IL 60604

AT&T Mobility II LLC c/o AT&T Services, Inc One AT&T Way, Room 3A104 Bedminster, NJ 07921

City of Chicago Department of Revenue PO BOX 88292 Chicago, IL 60680

Dept Of Ed/Navient Attn: Claims Dept Po Box 9400 Wilkes Barr, PA 18773

Dept Of Ed/Sallie Mae 11100 Usa Pkwy Fishers, IN 46037

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Exeter Finance Corp Po Box 166008 Irving, TX 75016 Illinois tollway Attn: Legal Dept 2700 Ogden Ave Downers Grove, IL 60515

Metaglssl/Money Power Jackson Hewitt I Power Card Po Box 71402 Salt Lake City, UT 84171

Secretary of State Compliance Dept 2701 S Dirksen Pkwy Springfield, IL 62723